

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: _____		2 Serial/Patent # <u>69/719449</u>																					
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px 5px;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px 5px;">Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT \$ <u>320 -</u>
<input checked="" type="checkbox"/>	Filing																						
<input type="checkbox"/>	Amendment																						
<input type="checkbox"/>	Extension of Time																						
<input type="checkbox"/>	Notice of Appeal/Appeal																						
<input type="checkbox"/>	Petition																						
<input type="checkbox"/>	Issue																						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.																						
<input type="checkbox"/>	Maintenance																						
<input type="checkbox"/>	Assignment																						
<input type="checkbox"/>	Other																						
<div style="background-color: #cccccc; height: 40px; width: 100%;"></div>		7 TOTAL AMOUNT OF REFUND \$ <u>320 -</u>																					
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px;"> Treasury Check Credit Deposit A/C #: _____ 9 <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">--</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </div>				--																	
		--																					
11 REFUND REQUESTED BY: _____																							
TYPED/PRINTED NAME: <u>Diane Martin</u>		TITLE: _____																					
SIGNATURE: _____		PHONE: <u>308-9485</u>																					
OFFICE: _____																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																							
APPROVED: <u>[Signature]</u>		DATE: <u>1/16/07</u>																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Serial Number 09/714449
Date 1/11/01

Team 4

Data needed for keying this Application:

Please check what is wrong with the case

Scanners

- ☐ 1. Application missing
- ☐ 2. Sheet's missing from Application, pages _____
- ☐ 3. Declaration / Oath missing
- ☐ 4. Drawing or Figures missing
- ☐ 5. Filing date not correct, should be ____/____/____

Classifiers

- ☐ 1. Group Art Unit, Class
- ☐ 2. Foreign Filing License Granted
- ☐ 3. Screening

RAM

- ☐ 1. Filing Fee not correct, should be \$ _____ code _____
- ☐ 2. Serial number was posted incorrectly, correct no. _____
- ☐ 4. No initial authorization to charge this account
- ☒ 5. Refund \$ 320 from code 102
- ☐ 6. Change of codes _____ \$ _____ to code _____ \$ _____
- ☐ 7. Check or Charge \$ 10864 code 103
- ☐ 8. Claims are counted incorrectly
- ☐ 9. Preliminary Amendment adds or cancels claims/multiple claims deleted or added
- ☐ 10. Applicants is / is not entitled to Small Entity Fees

Customer Service

- ☐ 1. Customer Number

Team Cases

- ☐ 1. Revocation
- ☐ 2. Bad Bar Code Label
- ☐ 3. Wrong Status from _____ to status _____
- ☐ 4. Reset date on letter
- ☐ 5. Retention goes to Doshie
- ☐ 6. Express Abandon goes to Doshie

Diane Martin